

<i>SERFF Tracking Number:</i>	<i>ZURC-125330415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurance Company of America</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026488</i>
<i>Company Tracking Number:</i>	<i>CW-IM-26705</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Builders Risk 2008 Revised Declaration Page Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Assurance Company of America

Product Name: Builders Risk 2008 Revised
Declaration Page Filing

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland
Marine

Filing Type: Form

SERFF Tr Num: ZURC-125330415 State: Arkansas

SERFF Status: Closed

Co Tr Num: CW-IM-26705

Co Status: Not Applicable

Author: Roderick Veranga

Date Submitted: 10/22/2007

State Tr Num: AR-PC-07-026488

State Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 10/24/2007

Disposition Status: Approved

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):
02/01/2008

General Information

Project Name:

Project Number:

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 10/24/2007

State Status Changed: 10/23/2007

Corresponding Filing Tracking Number:

Filing Description:

Dear P&C Section:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

In accordance with the filing requirements of your state, we have enclosed for your review and approval the appropriate filing memorandum, forms, and transmittals in support of our revised Builder's Risk Endorsements.

This Declarations page will be used with our Builders Risk product written on the Builder's Risk Coverage Form (40471) in the Assurance Company of America and will replace the current Dec page which carries the same form number but

SERFF Tracking Number: ZURC-125330415 State: Arkansas
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Builders Risk 2008 Revised Declaration Page Filing
Project Name/Number: /

with a 10/01 edition date.

We request an implementation date of February 1, 2008.

Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,
Roderick Veranga
Business Analyst
Regulatory Services
Phone: (847) 413-3054
Fax: (847) 605-7768
Email: roderick.veranga@zurichna.com

Company and Contact

Filing Contact Information

Roderick Veranga, Business Analyst
1400 American Lane
Schaumburg, IL 60196
roderick.veranga@zurichna.com
(847) 413-3054 [Phone]
(847) 605-7768[FAX]

Filing Company Information

Assurance Company of America
1400 American Lane
Schaumburg, IL 60196
(847) 605-6000 ext. [Phone]
CoCode: 19305
Group Code: 212
Group Name:
FEIN Number: 13-6081895
State of Domicile: New York
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: State Forms Fee \$50

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<i>Company Tracking Number:</i>	<i>CW-IM-26705</i>		
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<i>Product Name:</i>	<i>Builders Risk 2008 Revised Declaration Page Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Per Company:	No		

SERFF Tracking Number: *ZURC-125330415* *State:* *Arkansas*
Filing Company: *Assurance Company of America* *State Tracking Number:* *AR-PC-07-026488*
Company Tracking Number: *CW-IM-26705*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Builders Risk 2008 Revised Declaration Page Filing*
Project Name/Number: */*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurance Company of America	\$50.00	10/22/2007	16232151

SERFF Tracking Number: ZURC-125330415 State: Arkansas
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Company Tracking Number: CW-IM-26705
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Builders Risk 2008 Revised Declaration Page Filing
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/24/2007	10/24/2007

<i>SERFF Tracking Number:</i>	<i>ZURC-125330415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurance Company of America</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026488</i>
<i>Company Tracking Number:</i>	<i>CW-IM-26705</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Builders Risk 2008 Revised Declaration Page Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/24/2007

Effective Date (New): 02/01/2008

Effective Date (Renewal): 02/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125330415 State: Arkansas

Filing Company: Assurance Company of America State Tracking Number: AR-PC-07-026488

Company Tracking Number: CW-IM-26705

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Builders Risk 2008 Revised Declaration Page Filing

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Inland Marine Declaration	Approved	Yes

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Product Name: Builders Risk 2008 Revised Declaration Page Filing

Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Inland Marine Declaration	FM-170001	09/07	Declaration Replaced s/Schedule	Replaced Form #:0.00 FM-170001 (10/01) Previous Filing #:		FM-170001 (09 07).pdf

The Inland Marine Declarations, Common Policy Conditions, Commercial Inland Marine Conditions, Coverage Form(s) and Endorsement(s), if any, issued to and forming a part thereof, complete the Commercial Insurance Policy numbered as follows:

- ☐ **New Policy**
☐ **Renewal of**
☐ **Rewrite of**

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

1. Named Insured and Mailing Address:

INLAND MARINE DECLARATIONS

ASSURANCE COMPANY OF AMERICA
A Stock Company
Administrative Office: 1400 American Lane
Schaumburg, IL 60196

THIS IS A COINSURANCE CONTRACT.

Please read your policy.

2. Producer Information

A Name:

B Telephone #:

C Fax #:

D Zurich Producer #:

E Field Office Name:

F Field Office Code:

3. Policy Period – From:

To:

12:01 a.m. Standard Time at your mailing address above.

4. Form of Business: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other

5. Limits of Insurance (*either* One-Shot *or* Reporting Form as indicated below)

☐ **Reporting Form (continuous policy)**

☐ **Annual Rate** ☐ **Monthly Rate (HBIS – 4)**

A) Any one structure	\$
B) Property temporarily at any other premises	\$
C) Property in transit	\$
D) All covered property at all locations	\$
E) Development/Subdivision Fences/Walls or Signs	\$
F) Rate	Per Report
G) Premium	Per Report
H) Total Taxes and Surcharges (per attached endorsement)	Per Report
I) Total Fully Earned Policy Premium	Per Report

☐ **One-Shot (non-reporting form/single structure policy)**

☐ **1-4 Family Dwelling** ☐ **Commercial Structure**

Property Location

New Construction

A) Any one structure	\$
B) All covered property at all locations (same as A unless otherwise noted)	\$

Remodeling

C) Renovations and Improvements	\$
D) Existing Buildings or Structures	\$

Additional Coverage & Final Premiums

E) Property temporarily at any other premises	\$
F) Property in transit	\$
G) Development/Subdivision Fences/Walls or Signs	\$
H) Rate	\$
I) Premium	\$
J) Total Taxes and Surcharges (per attached endorsement)	\$
K) Total Fully Earned Policy Premium	\$
<i>(minimum premium applicable)</i>	

6. Deductible: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ Other _____

7. Forms Applicable To All Coverage Parts:

Countersigned: _____
Date

By: _____
Authorized Representative

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Rate Information

Rate data does NOT apply to filing.

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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Builders Risk 2008 Revised Declaration Page Filing
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/24/2007

Comments:

Attachment:

CW-IM-26705 AR P&C Transmittal.pdf

Satisfied -Name: Filing Memorandum

Review Status: Approved 10/24/2007

Comments:

Attachment:

BR Filing memorandum for Dec page 10-12-07.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #
Assurance Company of America	NY	19305	13-6081895

5. Company Tracking Number	CW-IM-26705
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Roderick Veranga 1400 American Lane Schaumburg, IL 60196	Business Analyst	847-413-3054	847-605-7768	Roderick.veranga@zurichna.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Roderick Veranga		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Commercial Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	0.9
12. Company Program Title (Marketing title)	Builders Risk Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: February 1, 2008 Renewal: February 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	October 22, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CW-IM-26705
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

October 22, 2007

Arkansas Insurance Dept
1200 W. 3rd St
Little Rock, AR 72201-1904

Reference: **Inland Marine Builders Risk Endorsements Filing**
Assurance Company of America
Company Filing Number: CW-IM-25784

NAIC #212 19305

Dear P&C Section:

In accordance with the filing requirements of your state, we have enclosed for your review and approval the appropriate filing memorandum, forms, and transmittals in support of our revised Builder's Risk Declaration.

This Declarations page will be used with our Builders Risk product written on the Builder's Risk Coverage Form (40471) in the Assurance Company of America and will replace the current Dec page which carries the same form number but with a 10/01 edition date.

We request an implementation date of February 1, 2008.

Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,



Roderick Veranga
Business Analyst
Regulatory Services
Phone: (847) 413-3054
Fax: (847) 605-7768
Email: roderick.veranga@zurichna.com

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount: \$50

Filing Fee Sent Via EFT

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Filing memorandum

Inland Marine Declarations page - form number FM 170001 (10 01)

This Declarations page will be used with our Builders Risk product written on the Builder's Risk Coverage Form (40471) in the Assurance Company of America and will replace the current Dec page which carries the same form number but with a 10/01 edition date.

The key changes involve:

- Adding a section under item 5. Limits of Insurance for One Shot to display limits for Remodeling
- Again under One Shot, changing the previous item H. Tax (applicable to KY only) to allow this field to be used for multiple states where permitted.
- In item 7. Forms Applicable to All Coverage Parts, replacing the combination check box and open text approach to displaying forms with a single open text approach.
- Restyled the format, layout and font size to be similar to other declarations pages used by Zurich.